

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF NEW YORK

REGION 2

In re: ORION HEALTHCORP, INC., ET AL.,

§
§
§
§

Case No. 18-71748

Debtor(s)

☐ Jointly Administered

Post-confirmation Report

Chapter 11

Quarter Ending Date: 09/30/2022

Petition Date: 03/16/2018

Plan Confirmed Date: 02/26/2019

Plan Effective Date: 03/01/2019

This Post-confirmation Report relates to: ☐ Reorganized Debtor

☒ Other Authorized Party or Entity: Howard M. Ehrenberg, Liquidating Trustee
Name of Authorized Party or Entity

/s/Christopher R. Belmonte

Signature of Responsible Party

11/10/2022

Date

C.R. Belmonte, Counsel for Liquidating Trustee

Printed Name of Responsible Party

Duane Morris LLP

230 Park Avenue, Suite 1130

New York, NY 10169-0079

Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

Debtor's Name ORION HEALTHCORP, INC., ET AL.,

Case No. 18-71748

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$33,687,371	\$98,066,470
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$33,687,371	\$98,066,470

Part 2: Preconfirmation Professional Fees and Expenses

a.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative	
	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor <i>Aggregate Total</i>		\$0	\$14,546,537	\$0	\$14,546,537	
	<i>Itemized Breakdown by Firm</i>						
		Firm Name	Role				
	i	DLA Piper LLC (US)	Other	\$0	\$5,253,155	\$0	\$5,253,155
	ii	FTI Consulting, Inc.	Financial Professional	\$0	\$5,541,426	\$0	\$5,541,426
	iii	Hahn & Hessen LLP	Local Counsel	\$0	\$2,562,340	\$0	\$2,562,340
	iv	Pachulski Stang Ziehl & Jones	Special Counsel	\$0	\$875,252	\$0	\$875,252
	v	CBiz Accounting, Tax and Adv	Financial Professional	\$0	\$278,715	\$0	\$278,715
	vi	Epiq Corporate Restructuring L	Other	\$0	\$35,648	\$0	\$35,648
	vii						
	viii						
	ix						
	x						
	xi						
	xii						
	xiii						
	xiv						
	xv						
	xvi						
	xvii						
	xviii						
	xix						
	xx						
	xxi						
	xxii						
	xxiii						
	xxiv						
	xxv						
	xxvi						
xxvii							
xxviii							
xxix							

Debtor's Name ORION HEALTHCORP, INC., ET AL.,

Case No. 18-71748

xxx						
xxxi						
xxxii						
xxxiii						
xxxiv						
xxxv						
xxxvi						
xxxvii						
xxxviii						
xxxix						
xl						
xli						
xl ii						
xl iii						
xl iv						
xl v						
xl vi						
xl vii						
xl viii						
xl ix						
l						
li						
lii						
liii						
liv						
lv						
lvi						
lvii						
lviii						
lix						
lx						
lxi						
lxii						
lxiii						
lxiv						
lxv						
lxvi						
lxvii						
lxviii						
lxix						
lxx						
lxxi						

Debtor's Name ORION HEALTHCORP, INC., ET AL.,

Case No. 18-71748

	lxxii						
	lxxiii						
	lxxiv						
	lxxv						
	lxxvi						
	lxxvii						
	lxxviii						
	lxxix						
	lxxx						
	lxxxi						
	lxxxii						
	lxxxiii						
	lxxxiv						
	lxxxv						
	lxxxvi						
	lxxxvi						
	lxxxvi						
	lxxxix						
	xc						
	xc						
	xcii						
	xciii						
	xciv						
	xcv						
	xcvi						
	xcvii						
	xcviii						
	xcix						
	c						
	ci						

b.			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
	Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor					
	<i>Aggregate Total</i>					
	<i>Itemized Breakdown by Firm</i>					
		Firm Name	Role			
	i					
	ii					
	iii					
	iv					
	v					
	vi					

Debtor's Name ORION HEALTHCORP, INC., ET AL.,

Case No. 18-71748

vii						
viii						
ix						
x						
xi						
xii						
xiii						
xiv						
xv						
xvi						
xvii						
xviii						
xix						
xx						
xxi						
xxii						
xxiii						
xxiv						
xxv						
xxvi						
xxvii						
xxviii						
xxix						
xxx						
xxxi						
xxxii						
xxxiii						
xxxiv						
xxxv						
xxxvi						
xxxvii						
xxxviii						
xxxix						
xl						
xli						
xlii						
xliii						
xliv						
xlv						
xlvi						
xlvii						
xlviii						

Debtor's Name ORION HEALTHCORP, INC., ET AL.,

Case No. 18-71748

xlix						
l						
li						
lii						
liii						
liv						
lv						
lvi						
lvii						
lviii						
lix						
lx						
lxi						
lxii						
lxiii						
lxiv						
lxv						
lxvi						
lxvii						
lxviii						
lxix						
lxx						
lxxi						
lxxii						
lxxiii						
lxxiv						
lxxv						
lxxvi						
lxxvii						
lxxviii						
lxxix						
lxxx						
lxxxi						
lxxxii						
lxxxiii						
lxxxiv						
lxxxv						
lxxxvi						
lxxxvi						
lxxxvi						
lxxxix						
xc						

Debtor's Name ORION HEALTHCORP, INC., ET AL.,

Case No. 18-71748

	xcii						
	xciii						
	xciv						
	xcv						
	xcvi						
	xcvii						
	xcviii						
	xcix						
	c						
	ci						
c.	All professional fees and expenses (debtor & committees)			\$0	\$14,546,537	\$0	\$14,546,537

Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$33,743	\$0	\$23,000	\$33,743	68%
b. Secured claims	\$55,579,004	\$22,454,728	\$55,579,004	\$50,000,000	111%
c. Priority claims	\$261,819	\$0	\$0	\$261,819	0%
d. General unsecured claims	\$213,321,529	\$10,000,000	\$10,000,000	\$213,321,529	5%
e. Equity interests	\$0	\$0	\$0		

Part 4: Questionnaire

a. Is this a final report?

Yes ☐ No ☒

If yes, give date Final Decree was entered:

If no, give date when the application for Final Decree is anticipated:

12/31/2024

b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?

Yes ☒ No ☐

Debtor's Name ORION HEALTHCORP, INC., ET AL.,

Case No. 18-71748

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/Howard M. Ehrenberg

Signature of Responsible Party

Liquidating Trustee

Title

Howard M. Ehrenberg

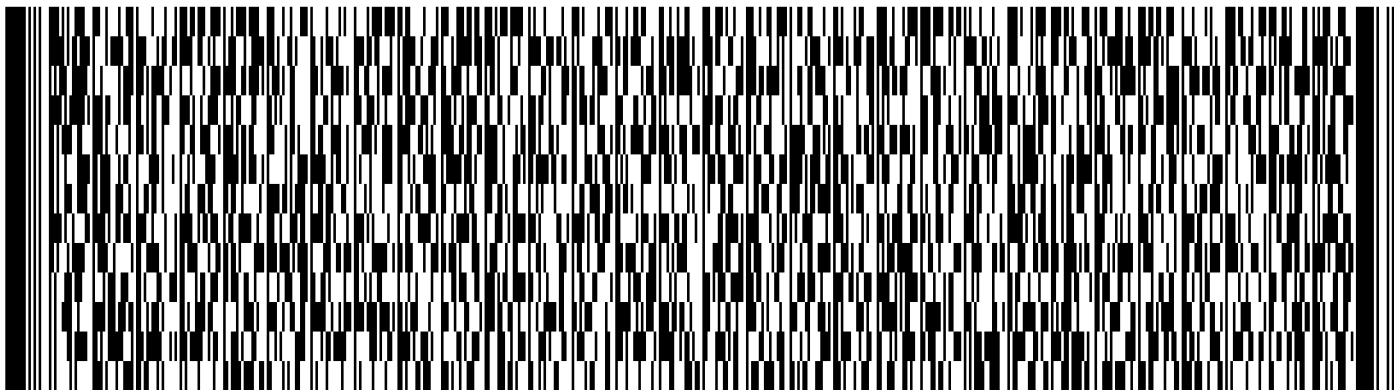
Printed Name of Responsible Party

11/10/2022

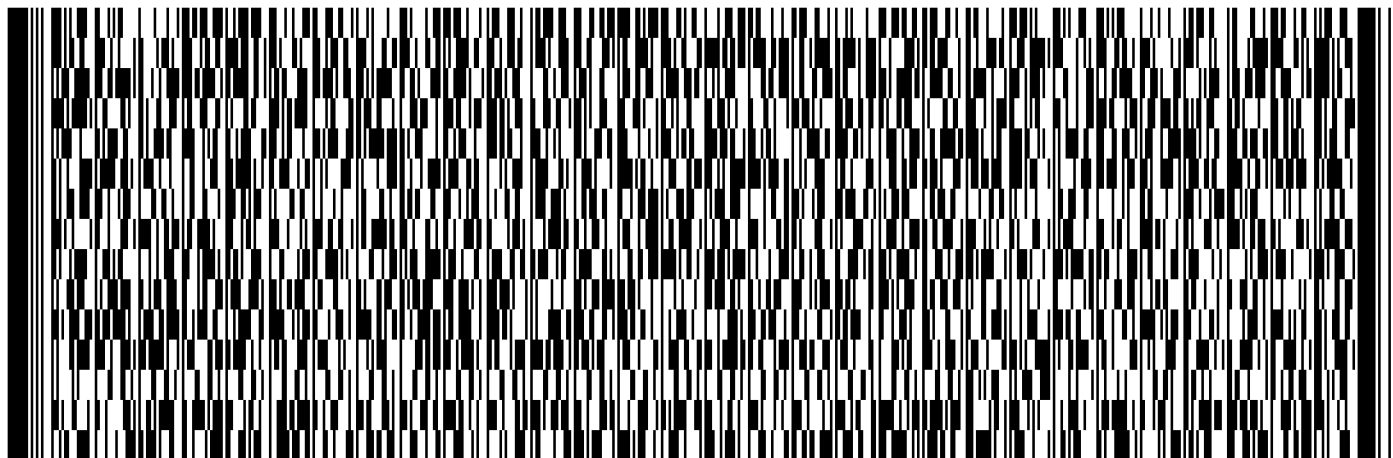
Date

Debtor's Name ORION HEALTHCORP, INC., ET AL.,

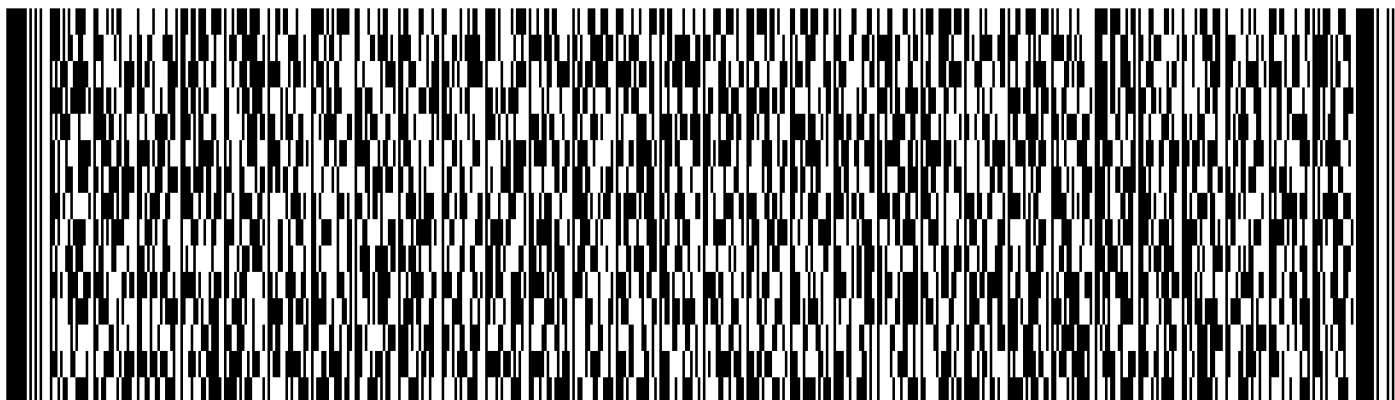
Case No. 18-71748



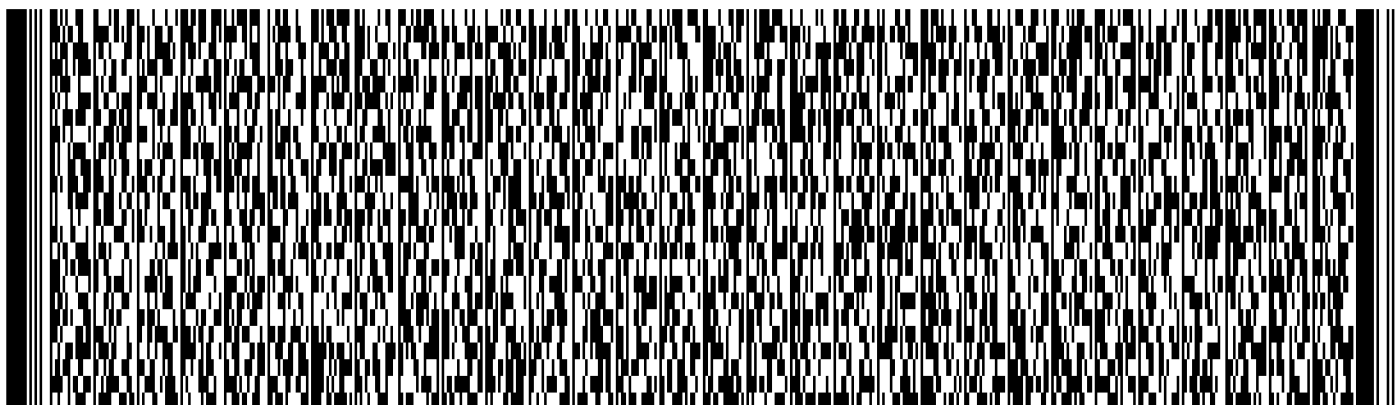
Page 1



Other Page 1



Page 2 Minus Tables



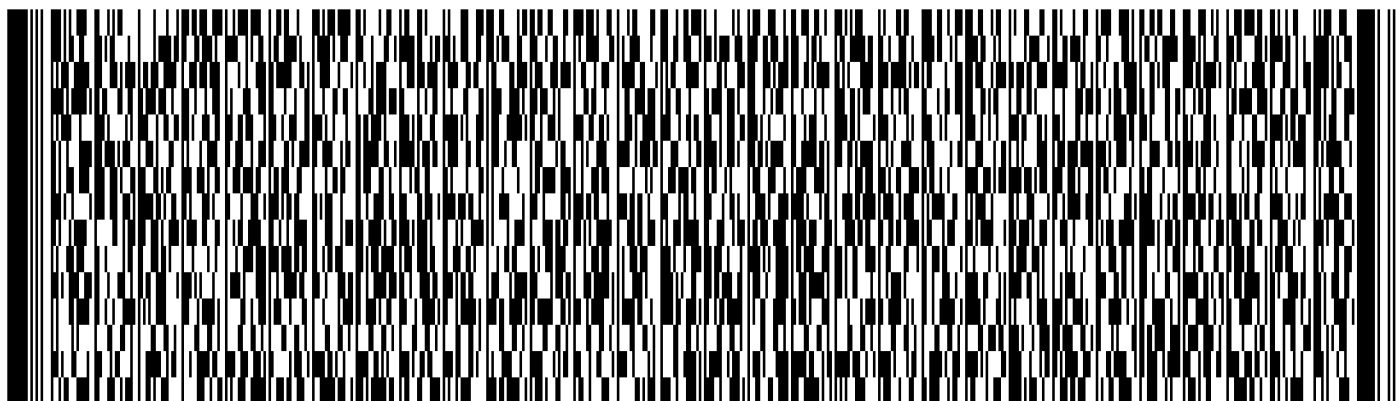
Bankruptcy Table 1-50

Debtor's Name ORION HEALTHCORP, INC., ET AL.,

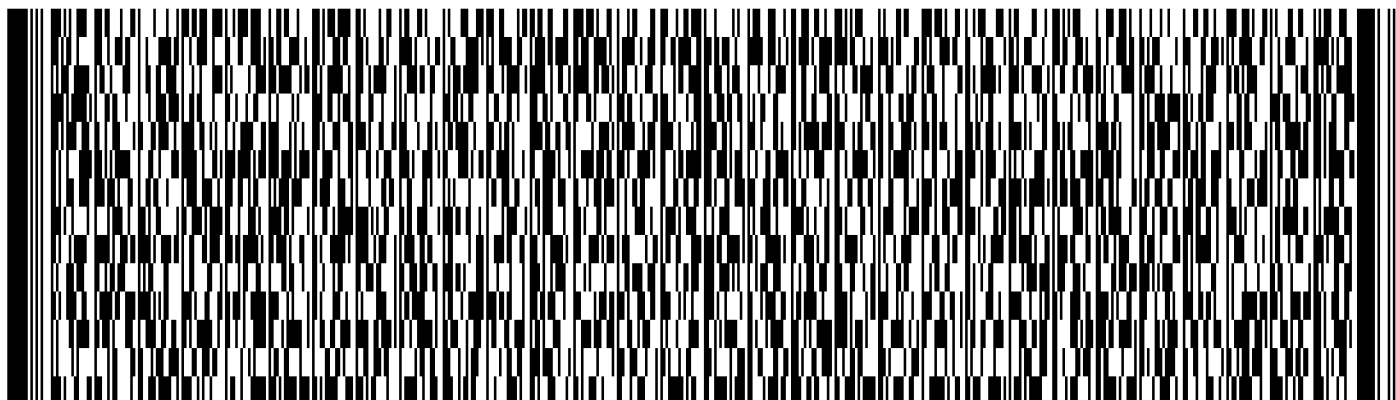
Case No. 18-71748



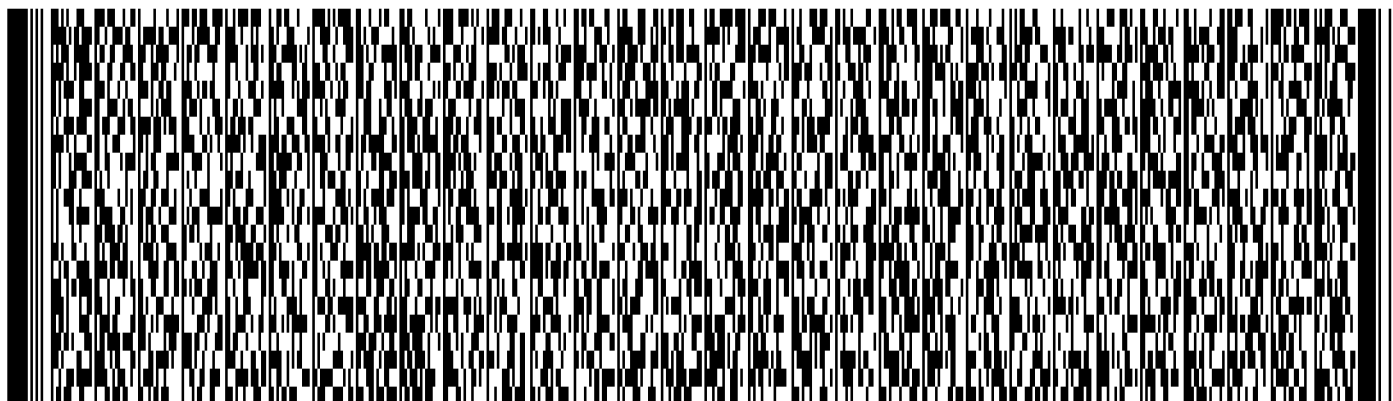
Bankruptcy Table 51-100



Non-Bankruptcy Table 1-50



Non-Bankruptcy Table 51-100



Part 3, Part 4, Last Page